

**Corrected by DC 2006-10**

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Oxygen Providers  
Inhalation/Respiratory Therapists  
Pharmacists  
Home Health Agencies  
Managed Care Organizations

**Memorandum No: 06-54**  
**Issued:** June 30, 2006

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**For information contact:**  
800.562.3022 or go to:  
<http://maa.dshs.wa.gov/contact/prucontact.asp>

**Subject: Oxygen and Respiratory Therapy Program: Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2006**, the Health and Recovery Services Administration (HRSA) has revised the fee schedule in HRSA's current *Oxygen and Respiratory Therapy Billing Instructions* to match Medicare's 2006 fees. The new fee schedule is attached to this memorandum.

### **Maximum Allowable Fees**

The 2006 Washington State Legislature appropriated a vendor rate increase for the 2007 state fiscal year HRSA is updating the Oxygen and Respiratory Therapy Program fee schedule to match the current Medicare rates.

### **Place of Service**

**Reminder: Effective July 1, 2006**, all claims submitted to HRSA must include the appropriate Medicare **two-digit place of service code**. Claims with a single-digit place of service code will be denied.

## National Correct Coding Initiative

HRSA continues to implement the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists HRSA to control improper coding that may lead to inappropriate payment. HRSA bases coding policies on:

- The American Medical Association's (AMA) Current Procedural Terminology (CPT<sup>®</sup>) manual;
- National and local policies and edits;
- Coding guidelines developed by national professional societies;
- The analysis and review of standard medical and surgical practices; and
- Review of current coding practices.

HRSA may perform a post-pay review on any claim to ensure compliance with NCCI. Visit the NCCI on the web at <http://www.cms.hhs.gov/physicians/cciedits>.

## Billing Instructions Replacement Pages

Attached are updated replacement fee schedule pages and Appendix of HRSA's current *Oxygen and Respiratory Therapy Program Billing Instructions*.

## Contact Information

Send reimbursement issues, questions, or comments to:	Send authorization issues, questions, or comments to:
Oxygen and Respiratory Rates Manager Professional Reimbursement Section Division of Business and Finance PO Box 45510 Olympia, Washington 98504-5510 360.725.1152 Fax # 360.586.7498	Oxygen and Respiratory Program Manager Health and Recovery Services Administration Division of Medical Management PO Box 45506 Olympia Washington 98504-5506 360.725.1577 Fax # 360.586.1471

## How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

## How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
  - a) Click ***General Store***.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either ***I'm New*** or ***Been Here***.
    - ii. If new, fill out the registration and click ***Register***.
    - iii. If returning, type your email and password and then click ***Login***.
  - c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration***.
  - d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction***. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

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### **Appendix A**

Sample fax form

### **Appendix B**

Fee Schedule

# Oxygen Coverage Table

**Do Not Bill With:** Any procedure code listed in the “Do Not Bill With” column of the fee schedule is **AT NO TIME** allowed in combination with the primary code located in the “HCPCS Code” column.

**Maximum Allowance:** Rentals are calculated on a 30-day basis unless otherwise indicated. In those instances where rental is required prior to purchase, the rental price is applied towards the purchase price.

**Rentals:** From and to dates are required on all rental billings.

## Apnea Monitor and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
#	E0618		Apnea monitor, without recording feature.			
	E0619	RR*	Apnea monitor, with recording feature.		Y	Maximum of six months rental allowed per lifetime. <b>Prior authorization required after 6 months rental in lifetime.</b>
	A4556	NU*	Electrodes (e.g., Apnea monitor), per pair.	A4558		Purchase only. For use only when client is unable to tolerate carbon patch electrodes. Limit: 15 every 30 days.
#	A4557		Lead Wires, e.g. apnea monitor per pair			
	A4558	NU*	Conductive paste or gel.	A4556		Purchase only.
	E1399	NU*	Apnea belt kit (includes 2 belts, 4 electrodes, and 4 lead wires).	A4556 A4557	Y	Purchase only. Bill using EPA #870000904 Limit: 2 every 30 days.

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
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### Continuous Positive Airway Pressure System (CPAP)

	<b>E0601</b>	RR * NU*	Continuous airway pressure (CPAP) device.	E0470 E0471 E0472		Requires results of sleep study performed in an HRSA-approved sleep center.  Rental Limit: 1 unit per month, maximum of 2 months rental.  Purchase required after 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase.  Purchase limit: 1 unit per client, every 5 years with documentation of cost effectiveness prior to replacement. Purchase price is amount allowed after 2 months mandatory rental.
<b>P</b>	<b>A7030</b>	NU*	Full face mask, used with positive airway pressure device, each.	A7031		Limit: 1 every 6 months.
<b>P</b>	<b>A7031</b>	NU*	Face mask interface, replacement for full face mask, each.	A7030		Limit: 1 every 3 months.
<b>P</b>	<b>A7032</b>	NU*	Cushion for use on nasal mask interface, replacement only, each.	A7034		Limit: 1 every 6 months.

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billing for backup equipment, other than ventilator. For

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
<b>P</b>	<b>A7033</b>	NU*	Pillow for use on nasal cannula type interface, replacement only, pair	A7034		Limit: 1 every 6 months.
<b>P</b>	<b>A7034</b>	NU*	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap.	A7032 A7033		Limit: 1 every 6 months.
<b>P</b>	<b>A7035</b>	NU*	Headgear used with positive airway pressure device.			Limit: 1 every 6 months.
<b>P</b>	<b>A7036</b>	NU*	Chinstrap used with positive airway pressure device.			Limit: 1 every 6 months.
<b>P</b>	<b>A4604</b>	NU*	Tubing with integrated heating element for use with positive airway pressure device.	A7010 A7037		Limit: 1 every 6 months.
<b>P</b>	<b>A7037</b>	NU*	Tubing used with positive airway pressure device.	A7010 A4604		Limit: 1 every 6 months.
<b>P</b>	<b>A7038</b>	NU*	Filter, disposable, used with positive airway pressure device.			Limit: 2 every 30 days.
<b>P</b>	<b>A7039</b>	NU*	Filter, non-disposable, used with positive airway pressure device.			Limit: 1 every 6 months.
<b>#</b>	<b>A7044</b>		Oral interface, used with positive airway pressure device, each.			

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
#	A7045		Exhalation port (with or without swivel) used with accessories for positive airway devices, replacement only.			
P	A7046	NU*	Water chamber for humidifier, used with positive airway pressure device, replacement, each.			Limit: 1 every 6 months.
#	E0561		Humidifier, nonheated, used with positive airway pressure device.			
	E0562	NU*	Humidifier, heated, used with positive airway pressure device.			Purchase only. Limit: 1 per 3 years.

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billing for backup equipment, other than ventilator. For

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
	<b>E0470</b>	RR* NU*	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (ie:BiPAP S).	E0601 E0471 E0472		Requires results of sleep study performed in an HRSA-approved sleep center when prescribed for sleep apnea.  Purchase required after maximum of 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase.  Limit: 1 purchase per lifetime per client.  Purchase price is amount allowed after 2 months mandatory rental.

## IPPB Machine and Accessories

<b>P</b>	<b>E0500</b>	RR*	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source. (Includes mouthpiece and tubing.)	E0570		Rental only.
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backup ventilators, continue to use modifier U2.

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
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### Nebulizers and Accessories

**Note:** HRSA now allows providers to bill for the rental of nebulizers when there is an expectation that the client will need a nebulizer for short-term use only. If, after 2 months of rental, the client still requires the use of a nebulizer, then the rental must be converted to purchase.

	<b>E0565</b>	RR*	Compressor, air power source for equipment which is not self-contained or cylinder driven.			Rental only.  Limit: 1 per client every 30 days.
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billing for backup equipment, other than ventilator. For

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
<b>P</b>	<b>E0570</b>	RR* NU*	Nebulizer with compressor.	A4619 A7007 A7010 A7011 A7012 A7014 A7018 E0500 E1399 with 870000 928 EPA	<b>Y</b>	<p>When AC/DC adapter is available for use with equipment provided, the adapter is considered included in nebulizer reimbursement.</p> <p>Reimbursement includes delivery and instruction on the proper use and cleaning of the equipment.</p> <p>Rental allowed for clients with expected short-term use, e.g., acute vs. chronic condition.</p> <p>Purchase required after 2 months of rental.</p> <p>Purchase price is amount allowed after 2 months mandatory rental.</p> <p>See Expedited Prior Authorization (EPA) Section for clients not meeting Medicare diagnosis criteria.</p> <p>Limit: 1 per client, per 5 years.</p>
<b>#</b>	<b>E0571</b>		Aerosol compressor, battery powered, for use with small volume nebulizer.			

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billing for backup equipment, other than ventilator. For

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
#	<b>E0572</b>		Aerosol compressor, adjustable pressure, light duty for intermittent use.			
#	<b>E0574</b>		Ultrasonic/electronic aerosol generator with small volume nebulizer.			
#	<b>E0575</b>		Nebulizer, ultrasonic, large volume.			
#	<b>E0580</b>		Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flow meter.			
#	<b>E0585</b>		Nebulizer, with compressor and heater.			
	<b>A7003</b>	Both NU* TW*	Administration set, with small volume non-filtered pneumatic nebulizer, disposable.	A7004		May only be used as a backup to A7005. Purchase only. Limit: 1 per client, every 30 days.
	<b>A7004</b>	NU*	Small volume nonfiltered pneumatic nebulizer, disposable.	A7003 A7005		Purchase only. Limit: 3 per client, every 30 days.
	<b>A7005</b>	NU*	Administration set, with small volume non-filtered pneumatic nebulizer, non-disposable.	A7004		Purchase only. Limit: 1 per client, every 6 months.
	<b>A7006</b>	NU*	Administration set, with small volume filtered pneumatic nebulizer.			Purchase only. Limit: 1 per client, every 30 days. For Pentamidine administration only.

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
<b>P</b>	<b>A7007</b>	NU*	Large volume nebulizer, disposable, unfilled, used with aerosol compressor.	E0570		Limit: 10 per client, every 30 days.
<b>#</b>	<b>A7008</b>		Large volume nebulizer, disposable, prefilled, used with aerosol compressor.			Should use combination of A7007 and E1399 with EPA number 870000928.
<b>#</b>	<b>A7009</b>		Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer.			
<b>P</b>	<b>A7010</b>	NU*	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet.	A7037 A4604 E0570		Purchase only. Limit: 1 per client, every 30 days.
<b>P</b>	<b>A7011</b>	NU*	Corrugated tubing, nondisposable, used with large volume nebulizer, 10 feet.	E0570		Purchase only. Limit: 1 per client, every 12 months.
<b>P</b>	<b>A7012</b>	NU*	Water collection device, used with large volume nebulizer (e.g., aerosol drainage bag)	E0570		Only paid in conjunction with E0565. Purchase only. Limit: 8 per client, every 30 days.
	<b>A7013</b>	NU*	Filter, disposable, used with aerosol compressor.	A7014		Only when using E0570. Purchase only. Limit: 2 per client, every 30 days.
<b>P</b>	<b>A7014</b>	NU*	Filter, non-disposable, used with aerosol compressor or ultrasonic generator.	A7013 E0570		Only when using E0565. Purchase only. Limit: 1 per client, every 3 months.

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backup ventilators, continue to use modifier U2.

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
	<b>A7015</b>	NU*	Aerosol mask, used with DME nebulizer.			Purchase only. Limit: 3 per client, every 30 days.
<b>P</b>	<b>A4619</b>	NU*	Face tent.	E0424 E0431 E0434 E0439 E0570 E1390 E1392		Purchase only. Limit: 3 per client, every 30 days.
<b>#</b>	<b>A7016</b>		Dome and mouth piece, used with small volume ultrasonic nebulizer.			
<b>#</b>	<b>A7017</b>		Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen.			
<b>P</b>	<b>A7018</b>	NU*	Water, distilled, used with large volume nebulizer, 1000ml		E0570	
<b>P</b>	<b>E1399</b> w/EPA #8700009 28	NU*	Sterile water or sterile saline, 1000 ml, used with large volume nebulizer.	A7018 E0570		Limit: 50 per client, every 30 days.
<b>P</b>	<b>E1399</b> w/EPA #8700009 01	NU	"Fish" 3-5cc saline vials.			Limit: 200 per client, every 30 days.

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
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### Oxygen & Oxygen Equipment

	<b>E0424</b>	RR*	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	A4615- A4620 E0439 E0441- E0444 E1390 E1392		Monthly rental only. Limit: 1 per client, every 30 days.
#	<b>E0425</b>		Stationary compressed gas system, purchase: includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.			
#	<b>E0430</b>		Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing.			
	<b>E0431</b>	RR*	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing.	A4615- A4620 E0434 E0441- E0444 E1392		Monthly rental only. Limit: 1 per client, every 30 days.

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backup ventilators, continue to use modifier U2.

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## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
	<b>E0434</b>	RR*	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents, gauge, cannula or mask and tubing.	A4615- A4620 E0431 E0441- E0444 E1392		Monthly rental only. Limit: 1 per client, every 30 days.
#	<b>E0435</b>		Portable liquid oxygen system, purchase: includes portable container, supply reservoir, humidifier, flowmeter, contents gauge, cannula or mask, tubing, and refill adapter.			
	<b>E0439</b>	RR*	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	A4615- A4620 E0424 E0441- E0443 E1390 E1392		Monthly rental only. Limit: 1 per client, every 30 days.
#	<b>E0440</b>		Stationary liquid oxygen system, purchase; includes use of reservoir, contains indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.			

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backup ventilators, continue to use modifier U2.

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## Oxygen and Respiratory Therapy Program

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<b>P</b>	<b>E0441</b>	NU*	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned).	E0424 E0431 E0434 E0439 E0442 E0443 E0444 E1390 E1392		This is a monthly fee. Limit: 1 per client, every 30 days.  30-day supply equals one unit.
<b>P</b>	<b>E0442</b>	NU*	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned).	E0424 E0431 E0434 E0439 E0441 E0443 E0444 E1390 E1392		This is a monthly fee. Limit: 1 per client, every 30 days.  30-day supply equals one unit.
<b>P</b>	<b>E0443</b>	NU*	Portable oxygen contents, gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used).	E0424 E0431 E0434 E0439 E0441 E0442 E0444 E1390 E1392		This is a monthly fee. Limit: 1 per client, every 30 days.  30-day supply equals one unit.
<b>P</b>	<b>E0444</b>	NU*	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used).	E0424 E0431 E0434 E0439 E0441- E0443		This is a monthly fee. Limit: 1 per client, every 30 days.  30-day supply equals one unit.
<b>#</b>	<b>E1453</b>		Regulator			
<b>#</b>	<b>E1355</b>		Stand/rack			
<b>#</b>	<b>E1372</b>		Immersion external heater for nebulizer			

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**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
#	E0455		Oxygen tent, excluding croup or pediatric tents.			
	E1390	RR*	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow	A4615- A4620 E0424 E0439 E0441 E0442 E0443 E0444		Monthly rental only. Limit: 1 per client, every 30 days.  (Rental includes: humidifier, if needed, cannula or mask and tubing.)  30-day supply equals one unit.
#	E1391		Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each			
	E1392	RR*	Portable oxygen concentrator, rental.	A4615- A4620 E0424 E0431 E0434 E0439 E0441 E0443 E0444		Monthly rental only. Limit: 1 per client, every 30 days.  (Rental includes: humidifier, if needed, cannula or mask and tubing.)  30-day supply equals one unit.
#	E1405		Oxygen and water vapor enriching system with heated delivery.	E1406		

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
#	E1406		Oxygen and water vapor enriching system without heated delivery.	E1405		

## Professional Services

<b>R</b>	<b>94760</b>		Respiratory therapy home visit: subsequent, includes oximetry services.	94656 w/EPA #870000915		Use EPA #870000916 with 94760 Use EPA #870000915 with 94656
<b>R</b>	<b>94656</b>		Ventilator therapy initial home visit, patient intake and evaluation.	94760 w/EPA #870000916		Allowed one time per provider, per client.  Use EPA #870000915 with 94656 Use EPA #870000916 with 94760
<b>R</b>	<b>94772</b>		Pneumocardiogram or polysomnogram ** service; with recording equipment.			**one year of age and under.  Not to be used on a routine basis. Use only when medically indicated.  Use EPA #870000917 with 94772.

## Suction Pump/Supplies

<b>P</b>	<b>A4605</b>	<b>NU*</b>	Tracheal suction catheter, closed system, each.	A4624		Limit 1 per day per client.
	<b>A4624</b>	<b>NU*</b>	Tracheal suction catheter, any type, other than closed system, each.	A4605		Purchase only. Limit: 150 each month for clients age 8 and older, 300 each month for clients under age 8.

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
	<b>A4628</b>	NU*	Oropharyngeal suction catheter (Yankauer), each			Purchase only. Limit: 4 per client, every 30 days.
	<b>A7000</b>	NU*	Canister, disposable, used with suction pump, each.	A7001		Purchase only. Limit: 5 per client every 30 days for portable pump. 5 per client, every 30 days for stationary pump.  Use modifiers RRTW together for second pump.
	<b>A7001</b>	NU*	Canister, non-disposable, used with suction pump, each.	A7000		Purchase only. Limit: 1 every 12 months.
	<b>A7002</b>	NU*	Tubing, used with suction pump, each.			Purchase only. Limit: 15 per client, every 30 days.
	<b>E0600</b>	RR* NU* TW*	Respiratory suction pump, home model, portable or stationary, electric.			Limit: 2 in 5 years per client, one for use in the home and one for back-up or portability. Bill RRTW when billing for the backup unit.  Deemed purchased after 12 months rental.  HRSA allows payment for suction supplies, (e.g., gloves and sterile water) when billed by Durable Medical Equipment (DME) providers and pharmacists. See Important Contacts section.

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
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### Tracheostomy Care Supplies

#	A4608		Transtracheal oxygen catheter, each			
	A4623	NU*	Tracheostomy, inner cannula (disposable replacement only).			Purchase only. Limit: 1 per client, each day.
R	A4625	NU*	Tracheostomy care kit for new tracheostomy.	A4626 A4629		Includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.  Limit: 1 per client, each day. Use this code for first 14 days only, then use A4629. A4625 should not be billed again after the first 14 days.  Purchase only.

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
#	A4626		Tracheostomy cleaning brush, each.			
R	A4629	NU*	Tracheostomy care kit for established tracheostomy	A4625 A4626		Includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.  Limit: 1 per client, each day. Use after the first 14 days. Do not bill A4625 after the first 14 days.  Purchase only.
#	A7501		Tracheostoma valve, including diaphragm, each			
#	A7502		Replacement diaphragm/faceplate for tracheostoma valve, each			
#	A7503		Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each.			
#	A7504		Filter for use in a tracheostoma heat and moisture exchange system, each.			

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when

**MS** – Six month maintenance fee

billing for backup equipment, other than ventilator. For

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
#	A7505		Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each			
#	A7506		Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each.			
#	A7507		Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each.			
#	A7508		Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each.			
	A7509	NU*	Filter holder and integrated filter housing, and adhesive, for use as tracheostoma heat and moisture exchange system (Condenser, disposable e.g., artificial nose), each.			. Limit: 1 each day for clients age 8 and older. Limit: 3 each day for clients under age 8. Purchase only.

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when

**MS** – Six month maintenance fee

billing for backup equipment, other than ventilator. For

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered



## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
	<b>A7520</b>	NU*	Tracheostomy/laryngeotomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each.			Limit per client, per 30 days: 1 if removable inner cannula or 4 each per 30 days if no removable inner cannula.
	<b>A7521</b>	NU	Tracheostomy/laryngeotomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each.			Limit: 1 per client every 30 days if removable inner cannula or 4 per client every 30 days if no removable inner cannula.
<b>P</b>	<b>A7522</b>	NU	Tracheostomy/laryngeotomy tube, stainless steel or equal (sterilizable and reusable), each.			Limit: 1 per client every 30 days if removable inner cannula or 4 per client every 30 days if no removable inner cannula.
<b>#</b>	<b>A7523</b>		Tracheostomy shower protector, each.			
<b>#</b>	<b>A7524</b>		Tracheostoma stent/stud/button, each.			
	<b>A7525</b>	NU*	Tracheostomy mask, each.			Purchase only. Limit: 4 per client, every 30 days.
<b>P</b>	<b>A7526</b>	NU*	Tracheostomy tube collar/holder, each.			Limit: 15 per client, every 30 days.
<b>#</b>	<b>A7527</b>		Tracheostomy/laryngeotomy tube plug/stop.			
	<b>L8501</b>	NU*	Tracheostomy speaking valve.			Purchase only. Limit: 1 every 6 months.

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
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### Ventilators and Related Respiratory Equipment

<b>P</b>	<b>E0450</b>	RR* MS U2	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface e.g., tracheostomy tube.	A4611- A4613 A4616- A4618 E0460 E0461 E0471 E0472		<p>Payment includes all necessary accessories, fittings and tubing.</p> <p>30-days equals 1 unit. <b>For owned ventilators and CPAPs –</b></p> <p>“MS” modifier - use when claiming a six-month maintenance check. Limit of one per six months allowed for client owned equipment beginning one year from date of purchase.</p> <p>Maintenance checks are paid at 50% of the rental rate.</p> <p><b>“U2” modifier is required when claiming a secondary “backup” ventilator for the same client.</b></p> <p>Rental only.</p>
<b>P R</b>	<b>E0463</b>	RR	Pressure support ventilator with volume control mode, may include pressure control mode, used with <b>invasive</b> interface, e.g. trach tube.	E0464	Y	

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
P R	E0464	RR	Pressure support ventilator with volume control mode, may include pressure control mode, used with <b>non-invasive</b> interface, e.g. mask.	E0463	Y	
	E0471	RR* MS U2	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with <b>noninvasive</b> interface, e.g., nasal or facial mask. (Intermittent assist device with continuous positive airway pressure device).	A4611- A4613 A4616- A4618 E0450 E0460 E0461 E0470 E0472  E0601		<p>Payment includes all necessary accessories, fittings and tubing.</p> <p><b>For owned ventilators and CPAPs –</b></p> <p>“MS” modifier - use when claiming a six-month maintenance check. Limit of one per six months allowed for client-owned equipment beginning one year from date of purchase.</p> <p>Maintenance checks are paid at 50% of the rental rate.</p> <p><b>"U2" Modifier - use when claiming a secondary “backup” ventilator for the same client.</b></p> <p>Rental only.</p> <p>Limit: 1 every 30 days.</p>

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
	<b>E0472</b>	RR* MS U2	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with <b>invasive</b> interface, e.g., tracheostomy tube. (Intermittent assist device with continuous positive airway pressure device.)	A4611- A4613 A4616- A4618 E0450 E0460 E0461 E0470 E0471 E0601		<p>Payment includes all necessary accessories, fittings and tubing.</p> <p><b>For owned ventilators and CPAPs –</b> "MS" modifier - use when claiming a six-month maintenance check. Limit of one per six months allowed for client owned equipment beginning one year from date of purchase.</p> <p>Maintenance checks are paid at 50% of the rental rate.</p> <p><b>“U2” modifier is required when claiming a secondary “backup” ventilator for the same client.</b></p> <p>Rental only.</p> <p>Limit: 1 every 30 days.</p> <p>30 days = 1 unit.</p>

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when

**MS** – Six month maintenance fee

billing for backup equipment, other than ventilator. For

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
<b>P</b>	<b>E0460</b>	RR* MS U2	Negative pressure ventilator; portable or stationary.	A4611- A4613 A4616- A4618 E0450 E0461 E0471 E0472		<p>Payment includes all necessary accessories, fittings, and tubing.</p> <p><b>For owned ventilators and CPAPs –</b></p> <p>“MS” modifier - use when claiming a six-month maintenance check. Limit of one per six months allowed for client owned equipment beginning one year from date of purchase</p> <p>Maintenance checks are paid at 50% of the rental rate.</p> <p><b>“U2” modifier is required when claiming a secondary “backup” ventilator for the same client.</b></p> <p>Rental only.</p> <p>Limit: 1 every 30 days.</p>

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
P	E0461	RR* MS U2	Volume ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface.	A4611- A4613 A4616- A4618 E0450 E0461 E0471 E0472		<p><b>For owned ventilators and CPAPs –</b></p> <p>“MS” modifier - use when claiming a six-month maintenance check. Limit of one per six months allowed for client owned equipment beginning one year after purchase.</p> <p>Maintenance checks are paid at 50% of the rental rate.</p> <p><b>"U2" modifier is required when claiming a secondary “backup” ventilator for the same client.</b></p> <p>Rental only.</p> <p>Limit: 1 every 30 days.</p>

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
<b>P</b>	<b>E1399</b> w/EPA #8700009 03	RR*	Humidifier heater, with temperature monitor and alarm.			Limited to clients that are mechanically ventilated or clients that have tracheostomies and require heated humidification.  Rental only.

### Miscellaneous

#	<b>A4216</b>		Sterile saline or (sterile) water, 10 ml			
#	<b>A4217</b>		Sterile saline or (sterile) water, 500 ml			
#	<b>A4218</b>		Sterile saline or (sterile) water, metered dose dispenser, 10ml			
<b>P</b>	<b>A4450</b>	NU	Tape, non-waterproof, per 18 square inches.			
<b>P</b>	<b>A4452</b>	NU	Tape, waterproof, per 18 square inches.			
	<b>A4614</b>	NU*	Peak expiratory flow rate meter, hand held.			Purchase only. Limit: 3 per client, every 12 months.
<b>P</b>	<b>E0445</b>	RR*	Oximeter device for measuring blood oxygen levels non-invasively. (Complete with all necessary accessories and supplies except probes.)		Y	PA required for clients 18 and older.  Rental only.  Limit: 1 per client per 30 days.

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
	<b>E1399</b>	NU*	Oximeter probe\sensor, disposable.	<b>A4606</b>	Y	Bill using w/EPA #870000907.  Purchase only. Limit: 4 per client, every 30 days.
	<b>A4606</b>	NU*	Oxygen probe for use with oximeter device, replacement.	E1399 w/EPA #870000907		Non-disposable. Purchase only. Limit: 1 per client, every 180 days.
	<b>E1399</b>	NU*	Resuscitator bag; non-disposable, adult/pediatric size.	<b>E1399</b> w/EPA #870000909	Y	Bill using EPA #870000910  Purchase only. Limit: 2 per client, per lifetime.
	<b>E1399</b>	NU*	Resuscitator bag; disposable, adult/pediatric size.	E1399 w/EPA #870000910	Y	Bill using EPA #870000909.
	<b>E1340</b>		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes.		Y	For purchased equipment only. Must bill actual repair cost and statement of warranty coverage, see repair policy.
	<b>E1399</b>		Durable medical equipment, miscellaneous		Y	Also includes non routine replacement parts for repair of client owned equipment. Refer to pages E.6 and E.7 of Billing Instructions.

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

# = Not Covered



## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
<b>P</b>	<b>A4627</b>	NU*	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler (e.g., Aerovent.)			Limit: 6 per child (17 and younger), every 12 months; 3 per adult, (18 and older) every 12 months.
	<b>S8185</b>	NU*	Flutter device			Purchase only. Limit: 1 every 6 months.
<b>#</b>	<b>S8186</b>		Swivel adaptor			
<b>#</b>	<b>S8189</b>		Tracheostomy supply, not otherwise classified			
<b>#</b>	<b>S8190</b>		Electronic spirometer (for microspirometer).			
<b>#</b>	<b>S8210</b>		Mucus trap.			
	<b>E0480</b>	NU*	Percussor, electric or pneumatic, home model.			Purchase only. Limit: 1 per client, per lifetime.
<b>#</b>	<b>E0481</b>		Intrapulmonary percussive ventilations system and related accessories.			
	<b>E0482</b>	RR*	Cough stimulating device, alternating positive and negative airway pressure.		Y	Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
	<b>E0483</b>	RR*	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each.		Y	Rental includes vest and generator, all repairs and replacements. Manufacturer will replace vest (during either rental or purchase period) for change in user's size.  Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.
#	<b>E0484</b>		Oscillatory positive expiratory pressure device, non-electric, any type, each.			

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when

**MS** – Six month maintenance fee

billing for backup equipment, other than ventilator. For

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
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### Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment

<b>P</b>	<b>A4611</b>	NU*	Battery, heavy duty; replacement <b>for patient-owned ventilator</b> (Gel cell only).	E0450 E0460 E0461 E0471 E0472		Purchase only. Limit: 1 every 24 months.
<b>P</b>	<b>A4612</b>	NU*	Battery cables; replacement <b>for patient -owned ventilator.</b>	E0450 E0460 E0461 E0471 E0472		Purchase only. Limit of 1 every 24 months.
<b>R</b>	<b>A4613</b>	NU*	Battery charger; replacement <b>for patient -owned ventilator</b>	E0450 E0460, E0461 E0471 E0472		Gel cell only. Purchase only. Limit of 1 every 24 months.
<b>P</b>	<b>A4615</b>	NU*	Cannula, nasal. <b>For client -owned equipment.</b>	E0424 E0431 E0434 E0439 E1390 E1392		Purchase only. Limit: 2 per client, every 30 days.
<b>P</b>	<b>A4616</b>	NU*	Tubing (oxygen), per foot. <b>For client -owned equipment.</b>	E0424 E0431 E0434 E0439 E0450 E0460 E0461 E0471 E0472 E1390		Purchase only.

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Code Status Indicator	HCPCS Code	Modifier	Description	Do Not Bill With	PA?	Policy/ Comments
P	A4617	NU*	Mouthpiece. <b>For client -owned equipment.</b>	E0424 E0431 E0434 E0439 E0450 E0460 E0461 E0471 E0472 E1390		Purchase only. Limit: 4 per client, every 30 days.
P	A4618	NU*	Variable concentration mask. <b>For client-owned equipment.</b>	E0424 E0431 E0434 E0439 E0450 E0460 E0461 E0471 E0472 E1390		Purchase only. Limit: 4 per client, every 30 days.
P	A4620	NU*	Variable concentration mask. <b>For client-owned equipment.</b>	E0424 E0431 E0434 E0439 E1390 E1392		Purchase only. Limit: 4 per client, every 30 days.
#	E0555		Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flow meter.			
#	E0560		Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery.			

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

# = Not Covered

# Expedited Prior Authorization (EPA) Criteria

Refer to Prior Authorization section of billing instructions for instructions and documentation requirements for EPA.

## Oxygen Equipment and Supplies

Criteria	Last 3 digits	HCPCS Code	Modifier	Do Not Bill With
<p>Nebulizer with compressor. Use E0570 when billing for a Nebulizer with compressor when ALL of the following are true:</p> <ol style="list-style-type: none"> <li>1) Diagnosis of acute bronchiolitis 466.11, <b>OR 466.19</b>, or acute bronchitis 466.0.</li> <li>2) Client has a definitive respiratory diagnosis requiring the administration of nebulized medications (HRSA will not accept a diagnosis such as abnormal secretions); and</li> <li>3) Diagnosis justifying the use of a nebulizer is on the claim.</li> </ol> <p>Purchase price is amount allowed after 2 months mandatory rental.</p>	<b>900</b>	<b>E0570</b>	NU* <b>RR*</b>	E0500
<p>Use E1399 when billing for “<b>Fish</b>” (3cc-5cc saline vials), each.  <b>Limit: 200 per client every 30 days.</b></p>	<b>901</b>	<b>E1399</b>	NU*	

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

# = Not Covered

## Oxygen and Respiratory Therapy Program

Criteria	Last 3 digits	HCPSC Code	Modifier	Do Not Bill With
Use E1399 when billing for <b>Humidifier heater, with temperature monitor and alarm</b> when all of the following are true:  1) Heated humidification is medically necessary; <b>and</b> 2) The client is either mechanically ventilated <u>or</u> has a tracheostomy.  <b>Per Month Rental only.</b>	903	E1399	RR*	
Use E1399 when billing for <b>Apnea Belt Kit</b> (includes 2 belts, 4 electrodes, and 4 lead wires), each. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per client, every 30 days.</b>	904	E1399	NU*	A4556 A4557
Use E1399 when billing for <b>Oximeter probe\sensor, disposable, each.</b> Purchase only. <b>Limit: 4 per client, every 30 days.</b>	907	E1399	NU*	
Resuscitator bag, disposable, adult/pediatric size. Purchase only. Limit: 2 per client, per lifetime	909	E1399	NU*	
Resuscitator bag, non-disposable, adult/pediatric size. Purchase only. Limit: 2 per client, per lifetime.	910	E1399	NU*	
Sterile water or sterile saline. 1000 ml, used with large volume nebulizer. <b>Limit: 50 per client, every 30 days.</b>	928	E1399	A7018 E0570	

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when billing for backup equipment, other than ventilator. For

**MS** – Six month maintenance fee

backup ventilators, continue to use modifier U2.

**U2** – Second Ventilator (Backup)

\* = Required modifier

# = Not Covered

# Professional Services Performed by Washington State Licensed Professionals Operating Within the Scope of Their Practice

**Note:** Reimbursement includes cost of taking equipment into a client's home.

Criteria	Last 3 digits	HCPCS Code	Modifier	Do Not Bill With
<b>Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day – (when the visit includes, at a minimum all of the following):</b>  1) Evaluation of Access; 2) Identification Emergency exits; 3) Verification of proper electrical grounding; 4) Identification of functioning communication devices; 5) Identification of adequate lighting; 6) Preparation or evaluation of emergency plans; 7) Notification of emergency services and electricity providers; and 8) Documentation of above activities and findings.  <b>Must be performed by professional staff.</b> <b>Limit: 1 per client per lifetime.</b>	<b>915</b>	<b>94656</b>		<b>94760 w/EPA #870000916</b>
<b>Noninvasive ear or pulse oximetry for oxygen saturation; single determination.</b> <b>Limit: 1 per 6 months.</b>	<b>916</b>	<b>94760</b>		<b>94656 w/EPA #870000915</b>
<b>Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant (under 1 year). (Not to be used on a routine basis. Use only when medically necessary.)</b>	<b>917</b>	<b>94772</b>		

**Modifiers** - Use the appropriate modifier with the procedure codes when indicated.

**RR** – Equipment rental

**TW** – Backup equipment.

**NU** – Equipment purchase

Use TW in addition to any other required modifier when

**MS** – Six month maintenance fee

billing for backup equipment, other than ventilator. For

**U2** – Second Ventilator (Backup)

backup ventilators, continue to use modifier U2.

\* = Required modifier

# = Not Covered

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**The Oxygen and Respiratory Therapy Program Fee Schedule (previously found on pages H.1 – H.30) is now located in the appendix. To view or download the Fee Schedule, click [Appendix B](#).**

**Appendix B link has been updated with DC 2006-10.**

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